

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 128

1. PLACE OF DEATH:

County Garrett
City or town Rural- Vindex
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18yrs.
Hospital, institution, or street address where death occurred:
1 mile - Standard
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural- Vindex
(If outside city or town limits, write RURAL and give nearest town)
1 Mile - Standard
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Minor Mc Clellan Cooper

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Mary Frances (Spiker) Cooper

6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) June 4, 1861

8. AGE: Years 86 Months 3 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Preston Co., W.Va.
(Town, county, and state)

10. Usual occupation Farmer- Retired

11. Industry or business

Enis B. Cooper

12. Name W.Va.

13. Birthplace Isabelle Shillingburg

14. Maiden name W.Va.

15. Birthplace

16. Informant Mrs. Mary F. Cooper
Vindex, Md.

Address

17. Burial Sept.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory I.O.O.F. Cemetery
Elk Garden, W.Va.

Location

18. Funeral director Otha F. Sharpless

Address Blaine, W.Va.

19. Sept 20 19 47 AM Barred
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 19 19 47 at 7:30P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 40 to Sept 19 19 47
and that I last saw h. Sept 19 19 47 alive on

Immediate cause of death Acute myocarditis

Due to Chronic fibrosis

Due to Hypertension

Other conditions Chronic Bronchitis

Arteriosclerosis
(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Ralph Calandella

Address Rt 2, W.Va. M. D. or other _____ Date signed Sept 20-47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 27 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08031

Reg. Dist. No. 161

1. PLACE OF DEATH:

County Garrett
 City or town Friendsville, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Friendsville, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Clarence Elmer Fike.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married.
 B. (b) Name of husband or wife Laura B. Fike.
 8. (c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) January 18th, 1880.
 8. AGE: Years 67 Months 7 Days 30 If less than one day _____ hrs. _____ min.

9. Birthplace Cove Maryland.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Fike.

13. Birthplace Guard, Maryland.

14. Maiden name Laura B. Spear.

15. Birthplace Friendsville, Maryland.

16. Informant Stanley Fike.

Address Mt. Lake Park, Maryland.

17. Burial Burial Date thereof Sept. 19/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Humberson Cemetery.

Location Near Friendsville, Maryland.

18. Funeral director Emory D. Bolden

Address Dakeland Maryland

19. Sept 18 1947 Kathryn Fike
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1947 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 13 to Sept 6 1947
 and that I last saw him alive on Sept 6 1947

Immediate cause of death Chronic Myocarditis DURATION 5 yrs.

Due to Arteriosclerosis

Due to _____

Other conditions Partial Heart Block

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. D. Baunger M. D. or other _____

Address Dakeland MD Date signed 9/18/47

MARGIN RESERVED FOR BINDING

VS A15 9:45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 23 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08032

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Crellin, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Crellin, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Samuel Keiper.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.
 6.(b) Name of husband or wife Martha Jane Keiper.
 6.(c) If alive, give age 70 years
 7. Birth date of deceased (mo., day, yr.) September 13 1867
 8. AGE: Years 80 Months 0 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Pennsylvania.
 (Town, county, and state)
 10. Usual occupation Retired Engineer.
 11. Industry or business _____

FATHER 12. Name Henry Keiper.
 13. Birthplace Pennsylvania.
 MOTHER 14. Maiden name Anna Guetz.
 15. Birthplace Pennsylvania.

16. Informant Mrs. Lillian Wilt.
 Address Washington, D. C.
 17. Burial Date thereof Sept. 29/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Red House Cemetery.
 Location Red House, Md.

18. Funeral director Emory D. Bolden
 Address Dakeland, Md.
 19. 9/29/47 Julia A. Rowan
 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

A. M

20. DATE OF DEATH September 28th 1947 at 6:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21 1947 to Sept 28 1947
 and that I last saw him alive on Sept 21 1947

Immediate cause of death Cerebral Embolism

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. D. Bolden M. D. or otherAddress Dakeland Md Date signed 9/29/47

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OCT 8 1947

BUREAU P. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs.
 Hospital, institution, or street address where death occurred:
Loch Lynn
 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Loch Lynn
 (If rural, give LOCATION)

 2.(a) If veteran, name war -----

3. (a) FULL NAME

Alberta May Ream

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife John W. Ream
 6.(c) If alive, give age 66 years
 7. Birth date of deceased (mo., day, yr.) May 9, 1881
 8. AGE: Years 66 Months 4 Days 12 If less than one day
 ----- hrs. ----- min.

9. Birthplace Marion Co., W. Va.
 (Town, county, and state)
 10. Usual occupation House Wife
 11. Industry or business Own Home
 12. Name Amos Gilpin
 13. Birthplace Marion Co., W. Va.
 14. Maiden name Mary King
 15. Birthplace Garrett Co., Md.

16. Informant John W. Ream
 Address Mt. Lake Park, Md.

17. Burial Sept. 24, 1947
 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Oakland Cemetery
 Location Oakland, Maryland.

18. Funeral director Herbert C. Leighton
 Address Oakland, Md.

19. 9/24/47 19 47 Julius G. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21, 19 47, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
 19 34 to 9/21 19 47
 and that I last saw her alive on 9/21 19 47

Immediate cause of death Broncho-pneumonia DURATION
Penicillin resistant organism 4 days

Due to Acute infection - (influenza?) 9 days

Due to -----

Other conditions Non tropical sprue 20 yrs
Rheumatoid arthritis 10 yrs.
 (Include pregnancy within 3 months of death)

Major findings of operations ----- Date of op. -----

Autopsy results -----
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) ----- (County) ----- (State) -----

Injured at home, farm, industry, public place (where?) -----
 Means of injury ----- Injured at work? -----

23. SIGNATURE Harold C. Miller MD. M. D. or other
Egton, W. Va. Address ----- Date signed 9/24/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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OCT 8 1947

BUREAU OF A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

68034

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Sines, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
Life Time
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Sines, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

David E. Ream.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Bertie Johnson Ream
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April, 19th, 1866
 8. AGE: Years 81 Months 5 Days 8 It less than one day _____ hrs. _____ min.

9. Birthplace Oakland Garrett County, Maryland.
 (Town, county, and state)

10. Usual occupation Timberman

11. Industry or business

12. Name Eli Ream
 13. Birthplace Pennsylvania

14. Maiden name Mary Friend
 15. Birthplace Oakland Garrett County, Md.

16. Informant Mrs. Jas. Friend
 Address Oakland, Md.

17. Burial Sept, 29th/47
 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Taylor Sines Cemetery
 Location Sines, Maryland

18. Funeral director Emroy D. Bolden
 Address Oakland, Md.

19. 9/29/ 19 47 Julius A Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September, 27, 1947 at 10: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June, 1, 1947 to Sept. 27, 1947
 and that I last saw him alive on Sept. 20, 1947

Immediate cause of death
Arterial sclerosis
Chronic Rheumatism 2-yrs.
 Due to Organic heart disease

Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE J. W. Wirtzel M.D.
 M. D. or other _____
 Address Oakland, Md. Date signed 10/4/47

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OCT 8 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08035

167

1. PLACE OF DEATH:

County GarrettCity or town Oakland, Maryland, Route #1
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland, Md. Route #1
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Ora Anna Ridder.4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.6.(b) Name of husband or wife Oscar Ridder.7. Birth date of deceased (mo., day, yr.) March 19th 1878
6.(c) If alive, give age 72 years8. AGE: Years 69 Months 6 Days 10 If less than one day _____ hrs. _____ min.9. Birthplace Garrett County, Maryland.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business _____

12. Name Calvin Fowler.13. Birthplace Pennsylvania.14. Maiden name Catherine Gauer.15. Birthplace Garrett County, Maryland.16. Informant Oscar Ridder.Address Oakland, Md., Route #1.17. Burial Date thereof Oct. 1/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Red House Cemetery.Location Red House, Maryland.19. Funeral director Emory D. BoldenAddress Oakland, Md.19. 10/31/47 Emory C. Shaffer
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH September 29th 19 47 at 4:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 14 19 47 to 29 Sept 19 47and that I last saw her alive on 27 Sept 47 19 47Immediate cause of death Cerebral thrombosis DURATION 4 wks.Due to hypertensive heart disease 10 yrsDue to arterio sclerosis 10 yrs

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A.E. Mauer M.D. or other _____Address Oakland Md Date signed 30 Sept 47

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OCT 6 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

County GarrettCity or town Rural- Swanton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60yrs

Hospital, institution, or street address where death occurred:

2 Miles East

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Rural- Swanton
(If outside city or town limits, write RURAL and give nearest town)Street No. 2 Miles East
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Isabelle Sweitzer

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1947 at 7:40P M.

6.(b) Name of husband or wife

Benjamin Franklin Sweitzer

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 28th 1947 to September 15 1947and that I last saw her alive on Sept. 15 1947

Immediate cause of death

Acute Nephritis

DURATION

1 weekDue to General weakened condition following a fall3 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Acc. Date of 8/20/47

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) HomeMeans of injury Accidental fall Injured at work?23. SIGNATURE Isabelle Sweitzer M. D. or otherAddress Oakland, Maryland Date signed 9-16-47

7. Birth date of deceased (mo., day, yr.)

May 26, 1856

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

91319

hrs.

min.

9. Birthplace

Bedford Co. Pa.

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Own Home

FATHER

12. Name

Solomon Schroyer

13. Birthplace

Dont Know

MOTHER

14. Maiden name

Nancy Jane Sisney

15. Birthplace

Dont Know

15. Informant

Noah Sweitzer

Address

Swanton, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Sept. 18, 1947
(month) (day) (year)Cemetery or crematory United Brethren Cemetery
Swanton, Md.

Location

16. Funeral director

Otha F. Sharpless
Address Blaine, W. Va.

19.

(Date rec'd by registrar)

19

Registrar

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SEP 27 1947

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